

BEFORE THE IOWA BOARD OF MEDICINE

IN THE MATTER OF THE STATEMENT OF CHARGES AGAINST

TRAVIS R.B. BROWNELL, M.D., RESPONDENT

FILE No. 02-14-327

STATEMENT OF CHARGES AND SETTLEMENT AGREEMENT
(Combined)

COMES NOW the Iowa Board of Medicine (Board) and Travis R.B. Brownell, M.D.,
(Respondent), on August 8, 2014, and pursuant to Iowa Code sections 17A.10(2)
and 272C.3(4) enter into this combined Statement of Charges and Settlement Agreement to
resolve this matter.

STATEMENT OF CHARGES

1. Respondent was issued Iowa medical license no. 36259 on July 13, 2005.
2. Respondent's Iowa medical license is active and will next expire on August 1,
2014.
3. The Board has jurisdiction in this matter pursuant to Iowa Code chapters 147,
148 and 272C.

COUNT I

4. **VIOLATION OF A PHYSICIAN HEALTH CONTRACT:** Respondent is
charged pursuant to Iowa Code section 272C.3(k) and 653 IAC 23.1(12) with violating a
Physician Health Contract that he entered into with the Iowa Physician Health Program
(IPHP).

STATEMENT OF MATTERS ASSERTED

5. **Practice Setting:** Respondent is an Iowa-licensed physician who practices emergency medicine in Sioux City, Iowa.

6. **Physician Health Contract:** On or about March 24, 2013, Respondent entered into a new Physician Health Contract with the IPHP for substance abuse counseling and monitoring.

7. **Violation of the Physician Health Contract:** On June 5, 2014, the IPHP referred Respondent to the Board for violating the terms of his Physician Health Contract including the following:

- A. October 21, 2013, Respondent failed to provide a urine sample for drug and alcohol testing;
- B. On November 12, 2013, Respondent tested positive for alcohol;
- C. On February 17, 2014, Respondent failed to provide a urine sample for drug and alcohol testing;
- D. On March 31, 2014, Respondent failed to provide a urine sample for drug and alcohol testing; and
- E. In April 2014, Respondent failed to complete PEth testing required by the IPHP.

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SETTLEMENT AGREEMENT

8. **CITATION AND WARNING:** Respondent is hereby **CITED** for violating the Physician Health Contract that he entered into with the IPHP in violation of the laws and rules governing the practice of medicine in Iowa. Respondent is hereby **WARNED** that such conduct in the future may result in further disciplinary action, including suspension or revocation of his Iowa medical license.

9. **CIVIL PENALTY:** Respondent shall pay a **\$2,500 civil penalty**. The civil penalty shall be paid within twenty (20) days of this Order and shall be made payable to the Treasurer of Iowa and mailed to the Executive Director of the Board. The civil penalty shall be deposited into the State General Fund.

10. **FIVE YEARS PROBATION:** Respondent shall be placed on **probation for a period of five (5) years** subject to the following terms and conditions:

- A. **Monitoring Program:** Respondent has established a monitoring program with Mary Knapp, Compliance Monitor, Iowa Board of Medicine, 400 SW 8th Street, Suite C, Des Moines, IA 50309-4686, Ph.#515-281-5525. Respondent shall fully comply with all requirements of the monitoring program.
- B. **Treatment Providers and Counselors:** Respondent shall fully comply with all recommendations made by his mental health and substance abuse treatment providers and counselors.

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- C. **Alcohol Prohibition:** Respondent shall not consume alcohol or use other products which contain alcohol.
- D. **Controlled or Prescription Drug Restriction:** Respondent shall not use any controlled or prescription drug unless the controlled or prescription drug has been prescribed for Respondent's use by another qualified treating health care provider. Respondent shall provide the Board written notice within 72 hours of the use of any controlled or prescription drug. Respondent shall inform any qualified treating health care provider of his prior history of substance abuse prior to receiving any prescription drug.
- E. **Drug Screening Program:** Respondent shall submit to the Board's drug screening program within twenty (20) days of the date of this order. Respondent shall fully comply with the Board's drug screening program. Respondent shall provide random blood or urine specimens when required and provide random blood or urine specimens on demand by an agent of the Board. The specimens shall be used for drug and alcohol screening, all costs of which shall be paid by Respondent.
- F. **Substance Abuse Counseling:** Respondent shall submit to the Board for approval the name and CV of a substance abuse counselor within twenty (20) days of the date of this order.
- (1) The counselor shall submit written quarterly reports concerning Respondent's progress no later than 1/20, 4/20, 7/20 and 10/20 of each

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year of this Order.

- (2) Respondent shall continue with counseling until discharged by the Board-approved counselor and until Respondent's discharge from counseling is approved by the Board.
 - (3) Respondent shall meet with his Board-approved counselor as frequently as recommended by the counselor and approved by the Board.
 - (4) Respondent is responsible for all costs associated with counseling.
- G. **Substance Abuse Meetings:** Respondent shall attend at least three Alcoholics Anonymous (AA) or similar substance abuse meetings each week. Respondent shall obtain documentation of attendance and include copies of this documentation with his quarterly reports. Respondent shall have at least weekly contact with his AA sponsor.
- H. **Mental Health Counseling:** Respondent shall submit to the Board for approval the name and CV of a mental health counselor within twenty (20) days of the date of this order.
- (1) The counselor shall submit written quarterly reports concerning Respondent's progress no later than 1/20, 4/20, 7/20 and 10/20 of each year of this Order.
 - (2) Respondent shall continue with counseling until discharged by the Board-approved counselor and until Respondent's discharge from counseling is approved by the Board.

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(3) Respondent shall meet with his Board-approved counselor as frequently as recommended by the counselor and approved by the Board.

(4) Respondent is responsible for all costs associated with the counseling.

1. **Worksite Monitoring Program:** Within thirty days of the date of this Order, Respondent shall establish a worksite monitoring program with the Board.

1) Respondent shall submit for Board approval the name of a physician who regularly observes and/or supervises Respondent in the practice of medicine.

2) The Board shall provide a copy of all Board orders relating to this matter to the worksite monitor.

3) The worksite monitor shall provide a written statement indicating that they have read and understand this Order and agrees to serve under the terms of this Order.

4) The worksite monitor shall agree to inform the Board immediately if there is evidence of professional incompetence or a violation of the terms of this Order.

5) The worksite monitor may be asked to appear before the Board in-person, or by telephone or video conferencing. Such appearances shall be subject to the waiver provisions of 653 IAC 24.2(5)(e)(3).

6) The worksite monitor shall submit quarterly reports to the Board not later than 1/20, 4/20, 7/20 and 10/20 of each year of this Order.

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- J. **Quarterly Reports:** Respondent shall file sworn quarterly reports attesting to his compliance with all the terms and conditions of this Order not later than 1/10, 4/10, 7/10 and 10/10 of each year of this Order.
- K. **Board Appearances:** Respondent shall make an appearance before the Board annually or upon request. Respondent shall be given written notice of the date, time and location for the appearances. Such appearances shall be subject to the waiver provisions of 653 IAC 24.2(5)(d).
- L. **Monitoring Fee:** Respondent shall make a payment of \$200 to the Board each quarter for the duration of this Order to cover the Board's monitoring expenses in this matter. The monitoring fee shall be received by the Board with each quarterly report required under this Order. The monitoring fee shall be sent to: Shantel Billington, Compliance Monitor, Iowa Board of Medicine, 400 SW 8th Street, Suite C, Des Moines, IA 50309-4686. The check shall be made payable to the Iowa Board of Medicine.
11. Respondent voluntarily submits this Order to the Board for consideration.
12. This Order constitutes the resolution of a contested case proceeding.
13. Respondent agrees that the State's counsel may present this Order to the Board for consideration.
14. By entering into this Order, Respondent understands that she has a right to legal counsel in this matter, voluntarily waives any rights to a contested case hearing on the allegations in the Statement of Charges, and waives any objections to the terms of this Order.

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15. Respondent understands that by entering into this combined Statement of Charges and Settlement Agreement, Respondent cannot obtain a copy of the investigative file. Pursuant to Iowa Code section 272C.6(4), a copy of the investigative file may only be provided to a licensee after a Statement of Charges is filed but before the final resolution of those charges.


16. Periods of residence or practice outside the state of Iowa, does not practice medicine, or fails to comply with the terms established in this Order shall not apply to the duration of this Order unless Respondent obtains prior written approval from the Board.

17. Respondent understands that the Board is required by Federal law to report this Order to the National Practitioner Data Bank.

18. This Order becomes a public record available for inspection and copying upon execution in accordance with the requirements of Iowa Code Chapters 17A, 22 and 272C.

19. This Order is subject to approval of the Board. If the Board fails to approve this Order it shall be of no force or effect to either party.

20. The Board's approval of this Order shall constitute a **Final Order** of the Board.


Travis R.B. Brownell, M.D., Respondent

Subscribed and sworn to before me on 29th of July, 2014.

Notary Public, State of Iowa.



This Order is approved by the Board on August 8, 2014.

A handwritten signature in black ink, appearing to read 'Hamed H. Tewfik', with a stylized flourish extending to the right.

Hamed H. Tewfik, M.D., Chairman
Iowa Board of Medicine
400 SW 8th Street, Suite C
Des Moines, Iowa 50309-4686